PTO/SB/21 (07-06) Approved for use through 09/30/2005. OMB 0651-033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of information unless it displays a valid OMB control number. of 1995, no persons are required to respond to **Application Number** 10/724,580 TRANSMITTAL Filing Date November 28, 2003 First Named Inventor **FORM** Ewald A. Terpetschnig. Art Unit 1637 Examiner Name Jezia Riley (to be used for all correspondence after initial filing) Attorney Docket Number

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24

Total Number of Pages in This Submission

	ENCLOSURES (Check all that apply)							
冈	Fee Transmittal Form	Drawing(s)		Allowance Communication to TC				
	Fee Attached	Licensing-related Papers		al Communication to Board peals and Interferences				
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	(Appear Propri Status Other below	al Communication to TC al Notice, Brief, Reply Brief) etary Information s Letter Enclosure(s) (please Identify): receipt postcard				
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGN	ATURE OF APPLICANT, ATTORNEY, O	R AGENT					
Firm Name Kolisch Hartwell, P.C.								
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Complete if Known Effective on 12/08/2004. ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/724,580 **Application Number** TRANSMITTA November 28, 2003 Filing Date For FY 2005 **Ewald Terpetschnig** First Named Inventor Jezia Riley **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 11637

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TOTAL AMOUNT OF PAYM	ENT (\$)	225.00		Attorney Docket	No. TE	R 30101B	
METHOD OF PAYMENT	(check all th	nat apply)					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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FEE CALCULATION							
1. BASIC FILING, SEARC	FILING FE Sm	ES : all Entity	SEAR	CH FEES Small Entity		IATION FEES Small Entity	Fees Paid (\$)
Application Type			Fee (\$		Fee (\$)		rees raid (4)
Utility	300		500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent							Small Entity Fee (\$) 25 100 180 ependent Claims Fee Paid (\$)
	Extra Claims	<u>Fee (\$)</u> x=	=	Paid (\$)			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = / 50 = (round up to a whole number) x =							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): Petition for Extension of Time (\$225.00)							225.00

SUBMITTED BY	N .) ^^		
Signature	Hames !	(aleney	Registration No. 42,253	Telephone (503) 224-6655
Name (Print/Type	James R. Abne	ey		Date September 21, 2006

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